



REQUEST FOR CHANGE OF LEGAL NAME

Office of the Registrar

433 Bolivar Street, 1st Floor
New Orleans, LA 70112
Office: (504) 568-4829
Fax: (504) 568-5545
registrar@lsuhsc.edu

--	--	--	--	--	--	--	--

PREVIOUS NAME (*last, first, middle*) _____

STUDENT/EMPLOYEE ID # _____

SOCIAL SECURITY# _____

CONTACT INFORMATION (____) _____ (____) _____ _____
Daytime Evening Phone Email

SCHOOL ATTENDED Allied Health Professions Dentistry Graduate Studies
 Medicine Nursing Public Health

Previous Name

Last First Middle

New Name

Last First Middle Effective Date

- One of the following types of documentation is needed for a change of name:
1. Certified copy of a court order, or dissolution decree reflecting the new name in full.
 2. Current passport or official proof of identity, certified by U.S. embassy abroad or by the appropriate foreign embassy in the U.S.
 3. Marriage License accompanied by your Social Security Card or Driver's License.

>>>>Your Signature Is Required<<<<<

Signature _____

Date _____